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ABSTRACT

The case study described here was conducted as a doctoral research project at Northern Arizona University. The study documents the success of the Shuswop Indian Band of Alkali Lake, British Columbia (Canada), in their 15-year battle with alcoholism, once the people themselves decided on recovery. The study looks back at the 95 percent recovery rate of the Shuswop Band between 1970 and 1985 and identifies the factors involved in this "new beginning" as seen through the participants' own eyes. A combination of multimethod qualitative procedures was used to collect data, including interviews, analysis of existing documentation, and participant observation. The study focused on the following questions: (1) What were the benchmarks of the change in the Alkali Lake community during the recovery period? (2) How did the Shuswop Band begin to recover from alcohol and substance abuse? (3) What were some of the treatment styles used? (4) What factors were involved in starting over? and (5) What is the status of Alkali Lake today? It is recommended that this study be replicated with other Native American groups suffering from addictive behaviors as it may serve as a model with useful implications for healing. Ten references and an interview instrument are included. (LL)

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WELLNESS CIRCLES: THE ALKALI LAKE MODEL IN COMMUNITY RECOVERY PROCESSES

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Preface: Comments and Introductions by Dr. Lansing

A university professor occasionally has the opportunity to chair the doctoral research of a gifted, creative and compassionate scholar. I was blessed when Leon Ben came to Northern Arizona University as a doctoral student in the Department of Education Leadership. He brought with him considerable educational experience, including that of teacher, coach, school principal, and school board member. In addition, he was appointed as a school superintendent during his doctoral program. He had also worked in the public health field with Native Americans addicted to alcohol and other substances.

Dr. Ben had been a student of mine in graduate classes in school administration while he was working on his Arizona School Administration Certification requirements. During this time, I was positively impressed with his considerable academic ability. As a result, we talked many times about his joining the doctoral program. He eventually made this decision, and I was assigned as his chair.

Leon brought with him his unique perspective as a Navajo. Since I have worked extensively in Navajo schools as a consultant as well as having taught science in a public high school on the Navajo Reservation, I was most interested in his ideas.

Leon began to explore the feasibility of an in-depth investigation of the key success factors of the "Alkali Lake" experience in community healing as a potential research topic. However, I did not have the foggiest notion of the most appropriate methodology to guide such a quest. In my own Ph.D. training, I had been primarily schooled in the traditional experimental design methodologies, which seemed inappropriate for this particular topic.

Dr. Mary Dereshiwsky had recently joined the department as a faculty member. Her doctorate is in applied statistics and she is widely experienced in numerous research technologies. She helped substantially in developing a research design that was both creative and appropriate for this study. Her input was crucial to the success of this endeavor. Other committee members were carefully selected on the basis of their knowledge and willingness to support a divergent study. The success of the study seemed dependent upon a doctoral committee supportive of a rather radical departure from more traditional experimental design approaches to doctoral research.

The careful selection of this committee paid off. Members were extremely supportive and all of them were intensely interested in the study. Their suggestions, request for clarification, and enhancement of the conceptual base of the research with their ongoing outside reading all strengthened the study throughout its planning and execution. Dr. Ben's positive and scholarly attitude meant that he was open and receptive to such constructive criticism. His determination and stamina throughout the process were truly remarkable. Not once was he defensive or

reluctant to receive such scholarly feedback. When his prospectus was finally signed and he was advanced to doctoral candidacy, he had developed a valid, reliable and systematically structured interview questionnaire. The next problem to be faced was how to finance the necessary trips to Alkali Lake for data collection.

Henry Hooper, Ph.D., is the Graduate Dean at Northern Arizona University. After learning of this study, he funded Leon's travel to Alkali Lake. Dr. Hooper became a most supportive member of Dr. Ben's team.

In addition, the faculty of the Department of Educational Leadership also became very supportive of Leon and the committee in this rather unique study. Dr. Ben successfully defended his dissertation during the 1991-92 academic year and was selected by the Educational Leadership Department as the outstanding doctoral student of the year.

* * *

Dr. Paul Lansing is currently an Associate Professor of Educational Leadership at the Center for Excellence in Education at Northern Arizona University. He holds a Ph.D. in Educational Administration from the University of Wisconsin, Madison. An Arizona native and "mining town boy" (Miami, Arizona), he is a graduate of Arizona State College at Flagstaff (now NAU). He is a veteran of the U.S. Navy, as well as a former science teacher and school administrator in Chinle, Arizona (on the Navajo reservation); Guam; Palau in the Western Caroline Islands in the Pacific; and Beloix, Wisconsin.

Dr. Lansing currently consults with schools interested in restructuring. His consultancies have included work with four Indian Nations and several inner-city schools. The Lansing Professional Growth Model is being used in the restructuring process with considerable data gathered over a fifteen-year period.

Dr. Lansing also promotes simulation as a teaching strategy and with his colleague, Dr. Ardeth P. Cropper (currently chair of the Department of Educational Leadership at Northern Arizona University), has developed the Kaibab Simulation Materials which are used as a "link trainer" for students in educational leadership prior to their internship experience.

Introduction

Society is well aware that there is an alarming rate of dysfunction in Native American communities due to alcoholism. Healing appears to be infrequent. The Alkali Lake Band of Shuswop Indians is a dramatic example of a successful healing process. This paper discusses the benchmarks in the healing process; appropriate research activities documenting this recovery; and the methodology used to obtain specific supporting data. This study may provide useful road maps for other dysfunctional communities interested in the recovery process.

Statement of the Problem

This qualitative case study was intended to investigate a community that was heavily into alcoholism and to identify key factors involved in a "new beginning." The Shuswop Indian Band of Alkali Lake, British Columbia, fought a 15-year battle with alcoholism and substance abuse between 1970 and 1985. At the time of the initial recovery period in 1970, the Alkali Lake citizens were 100% users of alcohol. By 1985, they realized a sobriety rate of 95%. This was a major change in the lives of the 450 residents of Alkali Lake – one that warranted an in-depth investigation as to the methods of successful recovery and the factors which have helped sustain the recovery rate.

Specifically, the following questions were addressed:

1. What were the key benchmarks of change in the community during the recovery period?
2. How did the Shuswop Band of Alkali Lake begin to recover from alcohol and substance abuse? Specifically, what were some of the treatments used?
3. What factors were involved in starting over?
4. What is the status of Alkali Lake today?

Design Methodology

This study constituted a qualitative case study impact assessment. Data were collected from a number of sources, including: historical documents; a documentary audiovisual tape entitled, "The Honour of All" (Phil Lucas Productions, 1985); participant-observer data; a researcher-developed and validated in-depth interview instrument; preparation of checklists; compilation of quotes; and charting of relative response frequencies.

The multimethod qualitative case study approach was selected due to the authors' intent to obtain in-depth, intensive, contextually based data to address the research questions. As indicated by a number of sources (van Maanen, 1983; Denzin, 1989; Yin, 1989; Marshall and

Rossman, 1989; Brewer and Hunter, 1989; Patton, 1990), qualitative procedures allow for examination of context-rich and specific patterns of variables such as those involved in the ongoing recovery process of Alkali Lake. By gathering data in the subjects' own words, one therefore obtains a more valid look at the impact of the recovery process as experienced by the respondents themselves, including the full impact of their behaviors, thoughts, feelings, attitudes and perceptions.

Population and Sample

The Alkali Lake, Shuswop Indian Band, British Columbia, have worked on their community dysfunction as a result of alcohol and substance abuse between 1970 and 1985. When the "war" on alcohol and substance abuse began in 1970, the community was 100% into the disease. In 1985, the same community had a 95% recovery rate and was working on community wellness.

The Alkali Lake community has presented its story as it happened to them between the years of 1970 and 1985 throughout Canada and the United States. They have become role models for other societies. They have been featured at many health conferences, as well as national tribal leaders' meetings, and have worked with Native American communities across America. Their documentary on their life during 1970 - 1985 has been translated into the Japanese and French languages. They have reported over 40,000 individuals completing a one-week personal growth training provided by the Alkali Lake Band that is titled "New Directions" (Louie Thadei, 1987). The present study involved interviewing approximately 50 community members of both genders, various ages and community standing.

Instrumentation

As mentioned above, one avenue of the qualitative multimethod data collection was by use of an in-depth interview instrument developed by the lead author. This instrument consisted of demographic items, as well as open-ended questions in the following areas intended to represent critical factors of recovery: family/community (social) factors; economic factors; patterns of substance abuse; and patterns of recovery (self and community). An initial draft of the survey was pilot-tested and validated with five Native American graduate students and four professors at Northern Arizona University; recommended modifications in item wording and survey length were made. A complete copy of the revised survey instrument appears in Appendix A on page 17.

Data Collection Procedures

The interview instrument was administered personally by the lead author in the time period between May 11 and May 25, 1989. During that time, he lived with a young couple and their two children on the Shuswop Reserve, Alkali Lake, British Columbia.

Approximately 50 community members were interviewed by the lead researcher during this time. They represented both genders and a variety of ages and levels of community standing. The lead author was involved with one of their many workshops on personal development and growth during the May 1989 field site data collection visit. He also attended various recovery-oriented community functions as a part of his qualitative case study. These included a daily sweat lodge ceremony held at midday, evening, or early mornings. Alcoholics Anonymous meetings were conducted periodically, and the community school was open for youth activities. It was also noted that the residents did not lock the doors to their homes. All of these experiences afforded the lead author the opportunity to observe and record participant-observer data in addition to the interview responses.

Data Reporting and Analysis Procedures

Data were compiled using the summary matrix, or table-shell method (Miles and Huberman, 1984). The matrix method provides a convenient graphical way to cluster, summarize and tabulate the most frequently occurring themes of response in a visual format. Specific examples of such matrices will be provided in the data analysis results section of this paper.

Results

As previously indicated, the authors' goal was to document and understand the key factors involved in the recovery process of the Shuswop Band of Alkali Lake. These included personal motivations for entering into recovery; perceptions of change factors in the community; and the lasting effects of the new beginning on one's individual, family, community and other relationships. Four specific sub-questions were identified.

In the interests of brevity, only one or two representative matrices will be presented to answer each of these sub-questions in this paper. (The interested reader is referred to the dissertation document of Leon Ben (Ben, 1991) for a complete copy of the study results, including linkages of all pertinent survey items and other qualitative sources of data to each subproblem.)

1. What were the key benchmarks of change in the community during the recovery period? Table 1 displays a matrix of responses which depict the subjects' first admitting that there was a problem with alcohol. This matrix was compiled from the first survey question in the "Patterns of Substance Abuse" subsection and is broken down by gender of respondent.

Table 1. Pattern of abuse admitting there was an alcohol problem in my life.

Male(20)	Female(18)
• Once I had my first drink I would never stop until I blacked out or passed out. Same thing time and time again for 16 years, from 1969 to 1985. • Created problems at home and abroad. • Physical side effects. • Back in early 1980's alcohol was my whole life. I went to work just to earn enough money for whiskey, beer, whatever. If I was not drunk I was sick. • Visits to school counselor. • Never really had a problem, started drinking when I was 19 quit when 22 1/2 years old. • About 1969, first A.A. meeting. • Fighting, family break-up. • When I realized that I was going to any length to get it (liquor), as much as cheating, lying and stealing. • I did care about my job, my health was low, my body just craved alcohol. • I was kicked out of school. In trouble with law. • When I sobered up in 1977. • I couldn't stay away from booze. • Running away from family, black outs. • I lost career due to excessive drinking. • When I started feeling guilty about drinking.	• Saying I'm going to quit and not being able to. • I just found out myself. • When partying and didn't know what happened that night. • It was getting out of hand. • Alcohol problem worsened, started drinking during the week leaving my child. • In 1977 when other Band members started sobering up. • I realized it was not the way of my life. I didn't like what was happening to me. • When I wanted to quit drinking and had a difficult time doing it on my own. • 1975. • I needed to drink everyday. • Always let go off job. • 1987, when other people told me what I did to myself. • When my first child was born in 1985. • When my family approached me and told me how much it was affecting them.
I didn't:	"I didn't: 3
	* Young respondents who did not get caught up in the dysfunction.

As can be seen from this matrix, precipitating events that indicated there might be a problem with alcohol abuse included family fighting, problems at school and work, intervention by family members and friends, physical problems associated with drinking, and outside interventions such as counselor and A.A. visitations. Interview subjects also made mention of the

impact of alcohol abuse on their own self-perceptions; feelings of 'not liking oneself' and guilt over associated addictive behaviors such as lying, cheating, stealing, and not being able to stop drinking on one's own were mentioned as indicators of a problem. These indicators appeared with about equal frequency for male and female respondents, as can be noted by comparing the columns of Table 1.

2. How did the Shuswop Band of Alkali Lake begin to recover from alcohol and substance abuse? Specifically, what were some of the treatments used? Two related interview items will be summarized in response to these questions. The first is Question #1B (Patterns of Recovery), which identifies the various treatments that respondents indicated were helpful in attaining sobriety. These treatments are clustered in Table 2.

Table 2. Pattern of recovery: what treatment(s) helped you become sober?

Male	Female
• A.A. program • Sweat lodge Ceremony (Cultural) • Pipe Ceremony (Cultural) • Alcohol/Substance Abuse Program • Round Lake Treatment Centre (PRT) • Running therapy • Ceremonial Sweat lodge (Cultural) • Family violence, sexual abuse workshops • Primary Residential Treatment Centre • Men's Treatment Program • A.A. program - 12 steps: 3 • I'd say all the people around here (Alkali community). • My sober friends. • Men's sharing, A.A., relatives today. • A.A., New Directions, Men's Sharing Community healing	• I just don't drink anymore. • Personal awareness books, friendly advise (from others). • Self help (women's support, A.A., etc). • Therapy • Keep busy and involved in social activities. • Cultural activities, pow wow's watching people who still practice and not wanting to be like that again. • A.A., ACOA, started going to Adult Children of alcoholics in 1987. That really helped me understand behavior problems. • A.A. Round-ups, ACOA meetings, one on one counseling with sponsor. • A.A., Men's Sharing, Ladies Sharing, Children's Sharing, ACOA, Ceremonial Sweats, New Directions, Drumming, Singing and Dancing. • A.A. meetings, twice a week. • New Directions Training • A.A.: 2 • A.A., Women's Support, friends.
No treatment Center Service: 1	No treatment Center Service: 2
NR: 3	NR: 2

A mix of cultural approaches dominated the responses to this item. Men cited the sweat lodge and pipe ceremonies, men's sharing and community healing, Alcoholics Anonymous meetings and related structural activities, and a number of specific treatment programs. The women named similar cultural activities, such as ladies' and children's sharing, pow wow's, drumming, singing, and dancing. They too referred to a wide variety of AA-related support services, including adult children of alcoholics and counseling therapy sessions. Both groups specifically mentioned New Directions training as being a catalyst for beginning the recovery process.

Table 3. Pattern of recovery: what treatment programs do you use now?

Male(20)	Female(18)
• A.A. meetings: 12 • New Directions: 2 • Men's Support (sharing): 4 • Pow Wow's • Relatives today • My sober friends • My own • Ceremonial Sweats • Singing, Drumming, and Dancing • New Directions: 2 • Life Spring • ACOA • Residential Schools Workshop • Anger Workshop • Running • Therapy • Sweat Lodge Ceremonies • Pipe Ceremonies	• Meditation and prayer • All kinds • A.A. meetings: 6 • ACOA: 2 • Women's Support Group: 1 • Friends • None • New Directions Trianing • Counseling with sponsor • Cultural activities • Social Activities • Therapy • Self help • I just don't drink anymore
No treatment Center Service: 1	No treatment Center Service: 1
No Response: 2	No Response: 1

Table 3 continues on this theme by displaying the treatment programs that interview respondents have continued using. This information corresponds to survey Question #1C (Patterns of Recovery). Twice as many men as women mentioned the A.A. meetings (12 and 6, respectively); in addition, one man and two women referred to Adult Children of Alcoholics meetings. New Directions Training was mentioned by two men and one woman; other specific recovery programs were cited by both genders as well. Friends and family continued to be

ongoing sources of support, as did counseling and therapy. Women referred to prayer, mediation and support group sessions. Cultural activities which male subjects found helpful in maintaining sobriety included ceremonial sweats; singing, drumming and dancing; pipe ceremonies; and pow wow's.

4. What factors were involved in starting over? This question will be addressed from two angles: the personal motivations that have kept individuals in recovery, and the community support factors involved in this personal effort, as well as potential negative influences or impediments to ongoing sobriety.

Table 4 contains a summary of the individual and community factors that subjects feel have kept them sober. This information corresponds to interview instrument Question #3, Patterns of Recovery (Self and Community).

Table 4. Pattern of recovery: self and community, what keeps you sober?

Male(20)	Female(18)
• A.A., Sweat lodge, sober dances • Spirituality through A.A. • Running long distance. • My wife and daughter, riding bulls in rodeo. • My self, my attitude, my belief. • My wife and boy, thinking of what I do when I drank, did not like it. • A.A., Men's Sharing, Sweat lodge service, gatherings, and round ups. • Working the A.A. program everyday, realizing no one is going to do it for me. • My family and my people, plus I enjoy myself more and the things I do. • My family, 3 girls, wife, mom and dad. • My job, my family. • My wife. • Being with friends. • Young people and what they go through, relatives support, sobriety runs, conferences. • Family: 2 • A.A., my concern for social issues self-awareness, self esteem. • Meetings, (A.A.) • I remember the old life and do not want to live it again.	• My kids • My family and how I look at life for myself, I'm always looking for a better me. • Myself and my son. • Learning. • Traveling to Pow Wow's and other cultural activities. • I work as social worker or teach. • A.A. program and believing in higher power and myself. • Having people around who are sober. • Being around healthy people, people in the programs. • My family, husband and girls, higher power, believing in God. • Going to A.A. meetings, fellowship, and family also attends. • My family, involvement in sports. • For myself and children, A.A. program. • Myself, taking it one day at a time. • A.A. and Pow Wow's • Sticking with the winners.
No Response: 2	No Response: 2

As can be seen from this matrix display, a total of 21 subjects expressed that rekindled family ties, responsibilities, and life awareness all contributed to their desire to remain sober. Nine subjects responded that increased self-awareness and self-esteem also played an important part in their lives. Positive role modeling, in the form of sober family members, friends, and fellow A.A. participants, were also mentioned.

Table 5. Pattern of recovery: self and community, what are some bad things that make it difficult to stay sober?

Male(20)	Female(18)
• Dishonest people, jealous people and practicing alcoholics. • Skipping A.A. meetings and making ridiculous excuses. • My friends and other who still practice. • Low employment opportunities. • I grew up with it, beer is all over T.V. • Mind games. • Friends still drink 2 • Indian people resenting each other adding to Indian people resenting whites and vice versa. • A lot of my native and non-native friends party when we go places. • When friends and family are drinking: 2 • Stinking thinking • Watching beer commericals • Smoking pot • When friends ask you to drink. • The pain of suicide attention, life, generation gap. • People (negative).	• Peer pressure • Personal problems • Being alone • Lost many friends, my brothers still drink a lot. • My relationship, family problems • Young people still drinking, no respect for elders • N/A • Being around people who drink. • Avoiding A.A. meetings, when I don't talk with someone at critical times. • Withdrawing from A.A. and falling back on my growth. • My dad still drinks and makes it hard on the family, friends and cousins still drink. My brother committed suicide: 2 • Family arguments • Being negative • Smelling other drunks, seeing others drink. • Drinking places and friends. • Emotional stress
Not there prior to 1970: 1	No Response: 1

In contrast, some continual challenges to successfully maintaining sobriety are listed in Table 5. These include being around nonrecovering family members and friends; availability of alcohol and drugs at parties and other social gatherings, "stinking thinking," and not being in ongoing A.A. or similar treatment.

Table 6. Pattern of recovery: how do you assist others in your community to be sober?

Male(20)	Female(18)
• I have not been out to help: 2 • Sponsor people in A.A. program. • Participating in self help programs, support groups, A.A., etc. • Talk with them: 3 • Being there for them-supporting: 5 • My going to A.A. meetings, showing example. • Just by being sober: 1 • Listening to what they have to say without being judgemental. • Letting them drink until they learn themselves. • By being postive. • Being an example.	• Sense of humor. • Sharing. • Listen, share, help them see positive side. • By being a role model: 1 • Invite someone to A.A. meeting, sweat lodge or pipe ceremony. • Be there for them when they need you, and listen, give support: 6 • One on one counseling, intervention: 2 • Sponsor people. • Treatment referrals. • Work with youth doing workshops. • I don't • To thank more about themselves and family members.
No Response: 2	No Response: 2
Not there prior to 1970: 1	

In addition to maintaining one's own sobriety, the sense of fellowship was conveyed in the outreach efforts to help others stay sober. Table 6 displays the responses to this question in matrix form. "Being there" for others, listening, encouraging them to join A.A. and similar recovery programs, and being nonjudgmental were mentioned. In addition, the example set for others by maintaining one's own individual sobriety was pointed out by the subjects.

Conclusions

The years preceding 1970 were truly a "dark time" for the Shuswops, due to their heavy use of alcohol. A lack of accurate record-keeping makes it difficult to identify the full and complete extent to which alcohol abuse adversely impacted on the total community. Some resulting dysfunctions, as identified by the citizenry, included: alcoholism; spouse abuse; child abuse and neglect; sexual abuse; suicide; homicide; excessive bootlegging; extensive unemployment; misuse of social welfare funds; and deterioration of the family structure (Chelesea and Chelesea, 1987).

This study points out the success of the Alkali Lake community in their 15-year battle once the people themselves decided on such recovery. This became their primary unifying goal. The people did the actual healing of self and community through the use of support persons from within the reserve, as well as outside consultants. The people owned the problem; and together with such support coming from throughout the reserve, they worked on healing the hurts and shame left behind by alcohol and substance abuse.

This study was undertaken in an attempt to look back at the phenomenal 95% recovery rate of the Shuswop Band between 1970 and 1985 and to identify the factors involved in this "new beginning" as seen through the participants' own eyes. To do so, a combination of multimethod qualitative procedures were used to collect data, including interviewing, analysis of existing documentation, and participant observation during visits to the case study site. The specific questions that were investigated centered around patterns of substance abuse, patterns of self and community-based recovery, economic factors, and projections for the Alkali Lake community for the 21st century.

The study focused on the following questions, in particular:

1. What were the benchmarks of the change in the Alkali Lake community during the recovery period?

The initial benchmark to begin the cycle of recovery occurred when Phyllis Chelesea decided that she would quit drinking for the sake of her children, namely seven-year-old Ivey, who refused one day to come home from "Granny's" due to the intoxicated condition of Phyllis and Andy. Second was Andy's commitment to do likewise a week later when he witnessed young children going to school unkempt, and having had no breakfast, because " ... there was no food in the house, only homebrew." The third factor was Andy's election to Chief of Council, and his leadership to rid the Alkali Lake community of alcohol abuse. Fourth was the joint decision of Andy and the Band Council to ask the local Catholic priest to leave the community, due to his own drinking. The fifth factor was the community's willingness to intervene and assist one another in a collegial manner toward the commonly accepted goals of recovery and wellness.

2. How did the Shuswop Band of Alkali Lake begin to recover from alcohol and substance abuse?

The Shuswop people began to recover with the decision of Phyllis and Andy Chelesea to become sober. Eventually these two individuals were joined by a few of the adults who themselves sought treatment of, or assistance with, alcohol and substance abuse. These recovering community members were assisted through the efforts of the Band Council, family members, school counselors, seeing other community members who had returned from A.A. treatment with a positive outlook and goals of change in their lives, intervention from clergy members, and the impact of the New Directions Training on such personal growth.

3. What were some of the treatment styles used?

The treatment styles used early on during the "war" on alcohol abuse consisted mainly of persuasion to have individuals agree to enter primary residential treatment programs located near the reserve. Most of these centers were based on the Alcoholics Anonymous approach and utilized the "Twelve Steps" of recovery. Another popular program was the New Directions Training, which was an intensive personal growth workshop specially designed for the community with the aid of consultants who had spent time at Alkali. The community used parts of the various existing programs, and added their own, in redesigning New Directions to fit the unique needs of Alkali Lake. There was also an outgrowth of self-supporting programs that began and now meet on a daily basis in Alkali. Some of these modalities are: the ceremonial sweat lodge, pipe ceremonies, singing and drumming, pow wow's,men's and women's sharing circles, survivors' support groups for victims of sexual abuse, women's support circles, and other community and family-oriented activities. In addition to A.A., Adult Children of Alcoholics support sessions and A.A. round-ups have continued throughout the year.

4. What factors were involved in starting over?

"The community needed help; we couldn't go on like this," are the words of Andy Chelesea, Chief of Council, in May of 1989. Andy and Phyllis Chelesea's leadership role, combined with Andy's election to Chief, set in motion the intervention, treatment, and aftercare needed for community recovery and ultimate wellness. Many sources were tapped to achieve this goal of starting over, including Native American Spiritual leaders, other successful treatment programs, private training groups, and the local people who became receptive to the idea of recovery.

5. What is the status of Alkali Lake today?

The status of the community in 1989 was one of caring, sharing, personal growth, community unity and healing, as shown by the number of individuals attending the sweat lodge, A.A. meetings, sharing circles, pow wow's rodeos and those who were simply enjoying life. The residents of Alkali do not lock the doors to their homes, and people are always welcome. There was a sense of serenity and peacefulness. On payday Fridays, just about everything ceased at noon. People would transport one another to Williams Lake to shop, see movies, eat out, and just to get away for awhile. Many social activities went on continuously and different trainings were held. The community was actively working on healing, recovery, and wellness. This conclusion was dramatically affirmed by the 95% recovery rate.

Based on the above evidence, the community of Alkali was getting better as a result of seeking treatment. The citizens were getting along better with family members, spouses, children, and other members of their extended families. As more individuals began to work on recovery, they in turn became role models to those who were still "using." The youth became

very supportive of the efforts toward sobriety, with several survey respondents indicating that they did not have a problem with alcohol abuse. As a result of this common goal and spirit of fellowship, the community began to work together to a greater degree, which in turn created a situation of supporting one another in making positive progress with regard to self and community.

Positive role models from the community have been most effective in changing negative behaviors of young Native Americans. Native Americans have one of the richest bases of wealth: their youth, sometimes numbering nearly 50% of their tribal population. Empowerment of the younger generation could be what has been on order for centuries, almost as old as the "grandpa stones."

The single most important aspect of this entire recovery process was ownership of the problem by the Alkali community. They paid a price for their wellness; but when they achieved 95% sobriety, this accomplishment called for an international gathering of people. This gathering brought together individuals from the four directions of Mother Earth, and a commitment to work for alcohol-free Native American communities in the year 2000 was made a top priority: "the honour of one, is the honour of all."

Recommendations

This study should be replicated with other Native American groups suffering from addictive behaviors. It may serve as a model with useful implications for healing. Additional studies could include other alcohol-related diseases or illnesses associated with Native American abuse of alcohol. The high-risk factors that are prevalent in Native communities are abundant; yet health-care providers have only recently begun to record and study related statistics.

Additional specific recommendations are as follows:

1. Residential treatment centers serving large numbers of Native American people could benefit from this study through additional adaptation and modification of the treatment styles found acceptable to the study participants.
2. Production and dissemination of additional successful Native American documentaries could assist in using the mass media to pass along the message of sobriety and hope of successful recovery to other communities.
3. Tribal Health agencies, education committees, school advisory committees, school boards, social service agencies, health care providers, tribes and planning committees could also benefit from these findings in working with Native people. A

number of the community-based support systems did not have any overhead or additional costs incurred.

4. Healing circles need to be studied for potential application with other tribal entities.

5. A manual needs to be developed for use in other locations.

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APPENDIX A

INTERVIEW INSTRUMENT

BASIC CHARACTERISTICS

INTERVIEW INSTRUMENT

Name: _____ Age: _____

Tribe: _____ Occupation: (Primary)_____

Education: _____ How Long: _____

Marital Status: _____ Sex: (Male)____ (Female)_____

Number of Children: _____

Family/Community (Social Factors)

1. How long have you lived in Alkali Lake?

2. Were you here before 1970?
   a. How well did you get along with your neighbors?
   b. If so, in what ways?
   c. What did you do in your free time before 1970?
3. What is the best thing that happened to you at Alkali?
   a. How did that affect community life?
4. What is the best thing that happened in Alkali?
   a. How did it specifically affect your life in the community?

Economic Factors

1. What was economic development like then? (before 1970)
2. Are your currently employed?

   Full-time_____ Part-time_____ Intermittent_____

Pattern of Substance Abuse

1. How did you first realize that you had a problem with alcohol?
2. Who/what helped or made you decide to seek treatment?
3. When you realized you had a problem, how much time elapsed before you first sought treatment?

Patterns of Recovery (Self & Community)

1. What was your first treatment like?
   a. Was it effective for you?
      If so, how?
      If no, why not?
   b. What treatment(s) helped you become sober?

      Did it work?
   c. What treatment program(s) do you use now?
   d. What other community sponsored activity(ies) assist in keeping individuals sober?
2. How long have you been sober?
3. What keeps you sober?
   a. Are there any changes in your life that keep you sober?
   b. What are some bad things that make it difficult to stay sober?
   c. What changes in your life make it hard to be sober? (Advise to others)
4. What are some goals you have set for yourself?
   a. Why is it important to you?
5. How do you assist others in your community to be sober?
6. How do you see Alkali 11 years from now?
   a. How do you see this in one's neighbor?
   b. How do you see this with family life?
   c. How do you see this with children?
   d. What do you see happening in economic development in 11 years?

Additional comments you may want to express: _____

_____

_____